Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	12/11/13	Address:	MILLHOUSEN RD N OF CR3008
Incident #:	13/12072		GREENSBURG, IN
County:	DECATUR		47240
Type of Lab	oratory Seizure (check one)	Seizure Location (check all that apply)
Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Residence Outbuilding Vehicle	☐ flotel/Motel ☐ Open – No Structure ☐ Other;
(check all that	: <u>Location (bedroom, kitchen, open air,</u> apply) r Birch Reaction(s): <u>PLASTIC BAG</u>		
Red Phosphorous/Iodine Reaction(s):			
Hydrochlo	oric Acid Gas Generator(s):		
⊠ Flammabl	e Solvents: <u>PLASTIC</u> <u>BAC ON ROA</u>	ĬĎ	
Water Reactive Metal (Lithium): PLASTIC BAG ON ROAD			
Anhydrous Ammonia:			
Corrosive	Acid:		
Corrosive	Base:		
Other (iten	n and location):BLISTERPACKS/PL	ASTIC BAG ON RO	DAD
Vehicle Infor	mation:		
Owner: VIN: Year:		Make: Model:	
<u>Child</u> under a	ige 18 discovered (check appropriate)		
∐ Yes ⊠ No	(number present) of present but evidence they reside	unclean Estimated fengoccurring:	ions of home: clean disarray gth of time manufacturing had been ormation:
This report ha	as been faxed* or emailed to the fol	lowing agencies that	serve the location:
Health Departs	nt City, Township or County <u>GFD</u> nent County: <u>DCHD</u> Child Services Hotline: <u>deshotlinere</u> p	l'ax: <u>EMAII</u> Fax: <u>EMA</u> I <u>1</u> ports <u>@des.in.gov</u> l'ax	-
For further infor investigating Of	mation regarding this methamphetam fieer: <u>HOWARD AYERS</u> Phone	ine laboratory, conta 317.234.4591	et
*This form is to be:	faxed to the Fire Department, Health Departs	nont and/or Deportment of	of Child Care, in the first mistric 74 to

scene processing.